

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	MOTION PICTURE AND TELEVISION HOSPITAL
Facility Type:	Acute Psychiatric Hospital
Hospital HCAI ID:	106190552
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	03/10/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	MPTF.com/EquityReport

Overview

Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals (general acute, children's, and acute psychiatric) and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the equity plans to address the identified disparities. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital equity measures reports and equity plans to the public. All submitted hospitals are required to post their reports on their websites, as well.

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

Acute psychiatric hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/>

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the percentages of patients by five categories of preferred languages spoken, in addition to one other/unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

Y

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/unknown languages category.

193

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferring language	Total number of patients	Percentage of total patients who report preferring language (%)
English Language	193	193	100
Spanish Language	0	193	0.0
Asian Pacific Islander Languages	0	193	0.0
Middle Eastern Languages	0	193	0.0
American Sign Language	0	193	0.0
Other Languages	0	193	0.0

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a acute psychiatric hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:
<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

CMS HCHE Measure Domain 2: Data Collection (Yes/No)

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

CMS HCHE Measure Domain 3: Data Analysis (Yes/No)

- Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

Y

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

Y

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH)

Acute psychiatric hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HRSN), which are food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. These rates are reported separately as being screened as positive for any of the five HRSNs, positive for each individual HRSN, and the intervention rate for each positively screened HRSN. For more information on the CMS SDOH, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>

Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the five HRSN

193

Total number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission

193

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

100.0

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	Suppressed	Suppressed	Suppressed	Suppressed
Housing Instability	Suppressed	Suppressed	Suppressed	Suppressed
Transportation Problems	Suppressed	Suppressed	Suppressed	Suppressed
Utility Difficulties	Suppressed	Suppressed	Suppressed	Suppressed
Interpersonal Safety	16	8.3	16	8.3

Core Quality Measures for General Acute Psychiatric Hospitals

There are two quality measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. For more information on the HCAHPS survey, please visit the following link by copying and pasting the URL into your web browser:

<https://hcahpsonline.org/en/survey-instruments/>

Patient Recommends Hospital

The first HCAHPS quality measure is the percentage of patients who would recommend the hospital to friends and family. For this measure, acute psychiatric hospitals provide the percentage of patient respondents who responded "probably yes" or "definitely yes" to whether they would recommend the hospital, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for the percentages. The percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 19.

Number of respondents who replied "probably yes" or "definitely yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?"

20

Total number of respondents to HCAHPS Question 19

27

Percentage of total respondents who responded "probably yes" or "definitely yes" to HCAHPS Question 19

74.1

Total number of people surveyed on HCAHPS Question 19

157

Response rate, or the percentage of people who responded to HCAHPS Question 19

17.2

Table 3. Patient recommends hospital by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	0	0	0	0	0.0
Asian	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed	27	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed	32	Suppressed
Middle Eastern or North African	0	0	0.0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0	0	0.0
White	Suppressed	15	Suppressed	96	15.6

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18	0	0	0.0	0	0.0
Age 18 to 34	0	0	0.0	0	0.0
Age 35 to 49	0	0	0.0	0	0.0
Age 50 to 64	Suppressed	Suppressed	Suppressed	13	Suppressed
Age 65 Years and Older	15	22	68.1	144	15.2

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	Suppressed	14	Suppressed	102	Suppressed
Male	Suppressed	13	Suppressed	55	Suppressed
Unknown	0	0	0.0	0	0.0

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	12	16	75.0	136	11.8
Medicaid	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed	16	Suppressed
Self-Pay	0	0	0	0	0.0
Other	0	0	0	0	0.0

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	20	27	74.1	157	17.2
Spanish Language	0	0	0.0	0	0.0
Asian Pacific Islander Languages	0	0	0.0	0	0.0
Middle Eastern Languages	0	0	0.0	0	0.0
American Sign Language	0	0	0.0	0	0.0
Other/Unknown Languages	0	0	0.0	0	0.0

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability	18	23	78.3	113	20.4
Has a mobility disability	Suppressed	Suppressed	Suppressed	43	Suppressed
Has a cognition disability	0	0	0.0	0	0.0
Has a hearing disability	0	0	0.0	0	0.0
Has a vision disability	0	0	0.0	0	0.0
Has a self-care disability	0	0	0.0	0	0.0
Has an independent living disability	Suppressed	Suppressed	0.0	Suppressed	Suppressed

Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual	0	0	0.0	0	0.0
Straight or heterosexual	20	27	74.1	157	17.2
Bisexual	0	0	0.0	0	0.0
Something else	0	0	0.0	0	0.0
Don't know	0	0	0.0	0	0.0
Not disclosed	0	0	0.0	0	0.0

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	Suppressed	14	Suppressed	102	13.7
Female-to-male (FTM)/ transgender male/trans man	0	0	0.0	0	0.0
Male	Suppressed	13	Suppressed	55	23.6
Male-to-female (MTF)/ transgender female/trans	0	0	0.0	0	0.0
Non-conforming gender	0	0	0.0	0	0.0
Additional gender category or other	0	0	0.0	0	0.0
Not disclosed	0	0	0.0	0	0.0

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. Acute psychiatric hospitals are required to provide the percentage of patient respondents who responded "yes" to being provided written information, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for these percentages. These percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 17.

Number of respondents who replied "yes" to HCAHPS Question 17, "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the

hospital?"

27

Total number of respondents to HCAHPS Question 17

27

Percentage of respondents who responded "yes" to HCAHPS Question 17

100.0

Total number of people surveyed on HCAHPS Question 17

157

Response rate, or the percentage of people who responded to HCAHPS Question 17

17.2

Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	0	0	0.0	0	0.0
Asian	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed	27	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed	32	Suppressed
Middle Eastern or North African	0	0	0.0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0	0	0.0
White	15	15	100.0	96	15.6

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18	0	0	0.0	0	0.0
Age 18 to 34	0	0	0.0	0	0.0
Age 35 to 49	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed	13	Suppressed
Age 65 Years and Older	22	22	100.0	144	15.2

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	14	14	100.0	102	13.7
Male	13	13	100.0	55	23.6
Unknown	0	0	0.0	0	0.0

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	16	16	100.0	136	11.8
Medicaid	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed	16	Suppressed
Self-Pay	0	0	0.0	0	0.0
Other	0	0	0.0	0	0.0

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	27	27	100.0	157	17.2
Spanish Language	0	0	0.0	0	0.0
Asian Pacific Islander Languages	0	0	0.0	0	0.0
Middle Eastern Languages	0	0	0.0	0	0.0
American Sign	0	0	0.0	0	0.0
Other/Unknown Languages	0	0	0.0	0	0.0

Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability	23	23	100.0	113	20.4
Has a mobility disability	Suppressed	Suppressed	Suppressed	43	Suppressed
Has a cognition	0	0	0.0	0	0.0
Has a hearing disability	0	0	0.0	0	0.0
Has a vision disability	0	0	0.0	0	0.0
Has a self-care	0	0	0.0	0	0.0
Has an independent living disability	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual	0	0	0	0	0
Straight or heterosexual	27	27	100.0	157	17.2
Bisexual	0	0	0	0	0
Something else	0	0	0	0	0
Don't know	0	0	0	0	0
Not disclosed	0	0	0	0	0

Gender Identity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	14	14	100.0	102	13.7
Female-to-male (FTM)/ transgender male/trans man	0	0	0.0	0	0.0
Male	13	13	100.0	55	23.6
Male-to-female (MTF)/ transgender female/trans woman	0	0	0.0	0	0.0
Non-conforming gender	0	0	0.0	0	0.0
Additional gender category or other	0	0	0.0	0	0.0
Not disclosed	0	0	0.0	0	0.0

Agency for Healthcare Research and Quality (AHRQ) Indicators

Acute psychiatric hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/>

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. Acute psychiatric hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

Number of in-hospital deaths with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

0

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

193

Rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

0.0

Table 5. Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	0	0	0.0
Asian	0	Suppressed	0.0
Black or African American	0	27	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North African	0	Suppressed	0.0
Multiracial and/or Multiethnic (two or more)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	0	132	0.0

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18	0	0	0.0
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	0	26	0.0
Age 65 Years and Older	0	167	0.0

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	0	133	0.0
Male	0	60	0.0
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	0	154	0.0
Medicaid	0	13	0.0
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	0	193	0.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability	0	101	0.0
Has a mobility disability	0	52	0.0
Has a cognition disability	0	15	0.0
Has a hearing disability	0	Suppressed	0.0
Has a vision disability	0	Suppressed	0.0
Has a self-care disability	0	Suppressed	0.0
Has an independent living disability	0	Suppressed	0.0

Sexual Orientation	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	0	193	0.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	0.0

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	0	133	0.0
Female-to-male (FTM)/ transgender male/trans man	0	0	0.0
Male	0	66	0.0
Male-to-female (MTF)/ transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

Acute psychiatric hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF)

Number of inpatient admissions to an IPF which occurs within 30 days of the discharge date of an eligible index admission and were 18 years or older at time of admission

Suppressed

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

193

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

Suppressed

Table 6. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	0	0.0
Asian	Suppressed	Suppressed	Suppressed
Black or African American	0	27	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North African	0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	Suppressed	136	Suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0
Age 50 to 64	Suppressed	26	Suppressed
Age 65 Years and Older	Suppressed	167	Suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	133	Suppressed
Male	Suppressed	60	Suppressed
Unknown	0	0	0.0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	Suppressed	154	Suppressed
Medicaid	Suppressed	19	Suppressed
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	Suppressed	193	Suppressed
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	Suppressed	101	Suppressed
Has a mobility disability	0	52	0.0
Has a cognition disability	0	15	0.0
Has a hearing disability	0	5	0.0
Has a vision disability	0	5	0.0
Has a self-care disability	0	10	0.0
Has an independent living disability	Suppressed	Suppressed	Suppressed

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	Suppressed	193	Suppressed
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	Suppressed	Suppressed	Suppressed

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	133	Suppressed
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	Suppressed	60	Suppressed
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

Number of inpatient admissions to an IPF which occurs within 30 days of the discharge date for mental health disorders and were 18 years or older at time of admission

Suppressed

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

193

Rate of hospital-level, unplanned, all-cause readmissions after admission for mental health disorders within 30 days of hospital discharge for patients aged 18 and older

Suppressed

Table 7. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	0	0.0
Asian	Suppressed	Suppressed	Suppressed
Black or African American	0	27	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North African	0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	Suppressed	136	Suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	Suppressed	167	Suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	133	Suppressed
Male	Suppressed	60	Suppressed
Unknown	0	0	0.0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	Suppressed	154	Suppressed
Medicaid	Suppressed	19	Suppressed
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	Suppressed	193	Suppressed
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	Suppressed	101	Suppressed
Has a mobility disability	0	52	0.0
Has a cognition disability	0	15	0.0
Has a hearing disability	0	5	0.0
Has a vision disability	0	5	0.0
Has a self-care disability	0	10	0.0
Has an independent living disability	Suppressed	Suppressed	Suppressed

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	Suppressed	193	Suppressed
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	Suppressed	Suppressed	Suppressed

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	133	Suppressed
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	Suppressed	60	Suppressed
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders

Number of inpatient admissions to an IPF which occurs within 30 days of the discharge date for substance use disorders and were 18 years or older at time of admission

0

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

193

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 and older

0.0

Table 8. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	0	0.0
Asian	0	Suppressed	0.0
Black or African American	0	27	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North African	0	Suppressed	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	0	136	0.0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	0	26	0.0
Age 65 Years and Older	0	167	0.0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	133	0.0
Male	0	60	0.0
Unknown	0	0	0.0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	154	0.0
Medicaid	0	19	0.0
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	193	0.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	0	101	0.0
Has a mobility disability	0	52	0.0
Has a cognition disability	0	15	0.0
Has a hearing disability	0	Suppressed	0.0
Has a vision disability	0	Suppressed	0.0
Has a self-care disability	0	Suppressed	0.0
Has an independent living disability	0	Suppressed	0.0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	0	193	0.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	0.0

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	133	0.0
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	0	60	0.0
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

Number of inpatient admissions to an IPF which occurs within 30 days of the discharge date for co-occurring disorders and were 18 years or older at time of admission

0

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

193

Rate of hospital-level, unplanned, all-cause readmissions after admission for co-occurring disorders within 30 days of hospital discharge for patients aged 18 and older

0.0

Table 9. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	0	0.0
Asian	0	Suppressed	0.0
Black or African American	0	Suppressed	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North African	0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	0	136	0.0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	0	26	0.0
Age 65 Years and Older	0	167	0.0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	133	0.0
Male	0	60	0.0
Unknown	0	0	0.0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	154	0.0
Medicaid	0	19	0.0
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	193	0.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	0	101	0.0
Has a mobility disability	0	52	0.0
Has a cognition disability	0	15	0.0
Has a hearing disability	0	Suppressed	0.0
Has a vision disability	0	Suppressed	0.0
Has a self-care disability	0	Suppressed	0.0
Has an independent living disability	0	Suppressed	0.0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	0	193	0.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	133	0.0
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	0	60	0.0
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient admissions to an IPF which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

0

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

193

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

0.0

Table 10. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	0	0.0
Asian	0	Suppressed	0.0
Black or African American	0	Suppressed	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North African	0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	0	136	0.0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	0	26	0.0
Age 65 Years and Older	0	167	0.0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	133	0.0
Male	0	60	0.0
Unknown	0	0	0.0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	154	0.0
Medicaid	0	19	0.0
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	193	0.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability		101	0.0
Has a mobility disability		52	0.0
Has a cognition disability		15	0.0
Has a hearing disability		Suppressed	0.0
Has a vision disability		Suppressed	0.0
Has a self-care disability		Suppressed	0.0
Has an independent living disability		Suppressed	0.0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	0	193	0.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	0.0

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	133	0.0
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	0	60	0.0
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Screening for Metabolic Disorders

Acute psychiatric hospitals are required to report the rate of structured screenings for metabolic disorders among patients with a prescription for one or more routinely scheduled antipsychotic medications. The structured screenings must contain (1) body mass index (BMI), (2) blood pressure, (3) blood glucose or HbA1c, and (4) a lipid panel, and be completed at least once in the 12 months prior to the patient's date of discharge. The rate of patient screenings for metabolic disorders are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the structured screenings for metabolic disorders, please see page 92 of the report by visiting the following link by copying and pasting the URL into your web browser:

https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf

Number of patients with a prescription for one or more routinely scheduled antipsychotic medications who received a metabolic screening in the 12 months prior to discharge, either prior to or during the index IPF stay

193

Number of discharges from an IPF during the measurement period with a prescription for one or more routinely scheduled antipsychotic medications

193

Rate of patients discharged from an IPF with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening was completed in the 12 months prior to discharge, either prior to or during the index IPF stay

100.0

Table 11. Rate of patients who received structured metabolic screenings with a prescription for a routinely scheduled antipsychotic medication by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
American Indian or Alaska Native	0	0	0.0
Asian	Suppressed	Suppressed	Suppressed
Black or African American	27	27	100.0
Hispanic or Latino	32	32	100.0
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	136	136	100.0

Age	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Age < 18	0	0	0.0
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	26	26	100.0
Age 65 Years and Older	167	167	100.0

Sex assigned at birth	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Female	133	133	100.0
Male	60	60	100.0
Unknown	0	0	0.0

Payer Type	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Medicare	154	154	100.0
Medicaid	19	19	100.0
Private	26	26	100.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
English Language	193	193	100.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Does not have a disability	101	101	100.0
Has a mobility disability	52	52	100.0
Has a cognition disability	15	15	100.0
Has a hearing disability	Suppressed	Suppressed	Suppressed
Has a vision disability	Suppressed	Suppressed	Suppressed
Has a self-care disability	Suppressed	Suppressed	Suppressed
Has an independent living disability	Suppressed	Suppressed	Suppressed

Sexual Orientation	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	193	193	100.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	0.0

Gender Identity	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Female	133	133	100.0
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	60	60	100.0
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

Acute psychiatric hospitals are required to report the rate of structured screenings for metabolic disorders among patients with a prescription for one or more routinely scheduled antipsychotic medications. The structured screenings must contain (1) body mass index (BMI), (2) blood pressure, (3) blood glucose or HbA1c, and (4) a lipid panel, and be completed at least once in the 12 months prior to the patient's date of discharge. The rate of patient screenings for metabolic disorders are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the structured screenings for metabolic disorders, please see page 92 of the report by visiting the following link by copying and pasting the URL into your web browser:

https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf

Number of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

0

Total number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

193

Rate of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

0.0

Table 12. Rate of eligible patients who received or refused prescription or referral for treatment by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
American Indian or Alaska Native	0	0	0.0
Asian	0	Suppressed	0.0
Black or African American	0	Suppressed	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North African	0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	0	136	0.0

Age	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	0	26	0.0
Age 65 Years and Older	0	167	0.0

Sex assigned at birth	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Female	0	133	0.0
Male	0	60	0.0
Unknown	0	0	0.0

Payer Type	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Medicare	0	154	0.0
Medicaid	0	19	0.0
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
English Language	0	193	0.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Does not have a disability	0	101	0.0
Has a mobility disability	0	52	0.0
Has a cognition disability	0	15	0.0
Has a hearing disability	0	Suppressed	0.0
Has a vision disability	0	Suppressed	0.0
Has a self-care disability	0	Suppressed	0.0
Has an independent living disability	0	Suppressed	0.0

Sexual Orientation	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	0	193	0.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	0.0

Gender Identity	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Female	0	133	0.0
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	0	60	0.0
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

Acute psychiatric hospitals are required to report the rate of patients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment. This rate is stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the rate calculation and inclusion/exclusion criteria, please visit the following link by copying and pasting the URL into your web browser:

<https://manual.jointcommission.org/releases/TJC2024B/MIF0221.html>

Number of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

0

Total number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

193

Rate of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

0.0

Table 13. Rate of patients who received or refused prescription or referral for treatment by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
American Indian or Alaska Native	0	0	0.0
Asian	0	Suppressed	0.0
Black or African American	0	Suppressed	0.0
Hispanic or Latino	0	32	0.0
Middle Eastern or North	0	0	0.0
Multiracial and/or Multiethnic (two or more races)	0	0	0.0
Native Hawaiian or Pacific Islander	0	0	0.0
White	0	136	0.0

Age	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Age 18 to 34	0	0	0.0
Age 35 to 49	0	0	0.0
Age 50 to 64	0	26	0.0
Age 65 Years and Older	0	167	0.0

Sex assigned at birth	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Female	0	133	0.0
Male	0	60	0.0
Unknown	0	0	0.0

Payer Type	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Medicare	0	154	0.0
Medicaid	0	19	0.0
Private	0	26	0.0
Self-Pay	0	0	0.0
Other	0	0	0.0

Preferred Language	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
English Language	0	193	0.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

Disability Status	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Does not have a disability	0	101	0.0
Has a mobility disability	0	52	0.0
Has a cognition disability	0	15	0.0
Has a hearing disability	0	Suppressed	0.0
Has a vision disability	0	Suppressed	0.0
Has a self-care disability	0	Suppressed	0.0
Has an independent living disability	0	Suppressed	0.0

Sexual Orientation	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	0	193	0.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	0.0

Gender Identity	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Female	0	133	0.0
Female-to-male (FTM)/transgender male/trans man	0	0	0.0
Male	0	60	0.0
Male-to-female (MTF)/transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

Health Equity Plan

All acute psychiatric hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by stratification groups. Rate ratios are calculated differently for measures with preferred low rates and those with preferred high rates. Rate ratios are calculated after applying the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016.

Table 14. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio

Plan to address disparities identified in the data

Due to the small population our hospital serves and the resulting suppression of stratified groups, no disparities were identified based on our hospital's data. Here is the action plan as we move forward.

A. Hospital Consumer Assessment of Service Provided

1. Continue collecting and stratification of the data:

a) Review patient satisfaction data from HCAHPS survey and stratify it by demographic factors like race, ethnicity, language, sexual orientation, gender identity, disability status, and social determinants of health to identify where satisfaction gaps exist.

b) Conduct a needs assessment to understand the root causes of lower satisfaction overall and within specific groups.

2. Implement targeted interventions

a) Enhance communications.

- b) Personalize the patient experience by ensuring care plans are individualized to patient needs, cultural backgrounds, and preferences.
- c) Involve patients in their care decisions.
- d) Ensure facilities are clean, safe, and comfortable, with improved accessibility.
- e) Support staff:
 - 1) Provide ongoing education on cultural competency and addressing implicit bias.
 - 2) Foster a patient-centric culture and provide training on how to deliver it.
- 3. Monitor and adapt
 - a) Utilize patient feedback: Continuously collect patient feedback through surveys, online reviews, and direct communication to monitor the impact of interventions.
 - b) Track outcomes by analyzing satisfaction data and other relevant quality metrics to determine if disparities are decreasing over time.
 - c) Adapt and adjust the plan based on feedback and performance data to ensure continuous improvement.
- B. HCAI All Cause Unplanned 30-Day Readmission stratified by behavioral health disorder (Mental Health disorder)
 - 1. Conduct a review of each unplanned 30-day admission to gain understanding of the root cause(s) of the readmissions.
 - 2. Stratify by type of unplanned 30-day admission and demographics.
 - 3. Identify and implement process improvements with the primary focus on the readmission to an inpatient behavioral health facility.

Performance in the priority area

Acute psychiatric hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

The Center for Behavioral Health has implemented the patient-centered healthcare model which prioritizes a patient's needs, values, and preferences in all behavioral health and medical decisions, fostering a collaborative partnership between the patient, their family, and healthcare providers. The interdisciplinary team approach aims to improve health outcomes by ensuring that the patient and family/responsible parties are active and informed participants individualized treatment plan. Core principles include shared decision-making, respect for preferences, care addresses the patient's physical, emotional, social, and financial needs, not just symptoms, clear communications and patient empowerment.

This process initiates with the pre-admission intake and continues throughout the hospitalization with psychiatric, medical, psychosocial, nursing and other assessments as needed with weekly treatment care plan meetings. Key benefits which have been observed include improved outcomes and discharge planning with increased patient satisfaction.

Patient safety

Our approach to patient safety in the geropsychiatric behavioral health hospital involves preventing harm to patients, which includes managing risks like self-harm, suicide, falls, and violence through a comprehensive approach that includes fostering a culture of safety, continuous patient observation, risk management assessment and mitigation plans, and secure, safe environments.

Key strategies include staff training and communication, patient involvement, environmental safety checks, and using technology, while acknowledging the unique challenges of behavioral health settings. Behavioral health patients may have cognitive impairments, behavioral issues, and complex physical health needs, especially in the geropsychiatric population. The use of psychotropic medications adds another layer of safety concern.

A culture of safety is promoted and an environment where staff feel safe to report issues. An online application is available for staff to report which has ability to report anonymously. Incidents are analyzed individually and aggregated using root cause analysis principles. The data is analyzed for opportunities for process improvements to mitigate risk of recurrence.

Addressing patient social drivers of health

Addressing patient social drivers involves screening patients for social needs like housing, food, and transportation, and then connecting them with community resources and support services. This can be done through methods like patient navigation, medical-legal partnerships, and by integrating social risk factors into electronic health records. These interventions help improve patient health by mitigating factors that impact well-being outside of direct medical care.

Upon admission, all patients admitted to the Center for Behavioral Health are screened for the social for the five social challenges of food, housing, transportation interpersonal safety and utilities.

Social needs screening and resource information are incorporated into the electronic health record.

The social workers and discharge planners are dedicated staff to the Center for Behavioral Health.

This staff partners with local organizations and public health resources and assists the patient with identified needs to navigate and connect with community resources in preparation for discharge.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

On the Center for Behavioral Health, psychiatric treatments plans may include combination of various approaches, including medications such as antipsychotics, mood stabilizers, antidepressants, and group therapy. The specific treatment plan is personalized and often involves a combination of these therapies to manage symptoms, improve well-being, and address the unique needs of the patient. The effectiveness of the treatment plan is monitored and documented in the electronic medical record. In conjunction with the behavioral health interventions, the medical conditions that affect the patient's well-being are also addressed. The interdisciplinary team under the leadership of the psychiatrist work with the patient to stabilize and maintain behavioral health concerns in preparation for discharge.

Care coordination

Care coordination starts at the preadmission activities as the patient is transferred to the Center of Behavioral Health through the discharge or transfer to another facility. Care coordination is the deliberate organization of patient care activities, involving collaboration between healthcare providers, patients, and their families to ensure services are delivered efficiently and meet the patient's needs. This patient-centered approach involves sharing information including shift to shift endorsements, the electronic health record, SBAR communicate. Unified care plans are created and implemented. Managing transitions between providers internal and external to improve health outcomes. Enhance patient satisfaction by avoiding delays including those to meet medical/psychiatric needs, and transfer/discharges. Throughput metrics are monitored for opportunities for improvement.

Access to care

Center for Behavioral Health is a community based free standing hospital. This facility operates on a 24/7 basis, has 12-bed capacity and is limited to the geropsychiatric population of 55-year-old and above. Substance abuse management is out of scope for this facility. The predominant referral source is Emergency Rooms. Admission to Center for Behavioral Health requires that the patient is medically stable as assessed by the consulting medical internist and psychiatrist. Admission/ Access to behavioral healthcare does not take into account other factors such as race, cost, housing, transportation, insurance status, language, and cultural bias. Culture sensitivity training is provided to the staff. Patient materials are available in multiple languages, and a language line is available for non-English speaking patients.

Methodology Guidelines

Did the hospital follow the methodology in the Measures Submission Guide? (Y/N)

Y